

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Avi KLIGER, et al.

Serial No: 09/943,424

Group Art Unit: 2681

Filed

: August 30, 2001

Examiner:

For

: A HOME NETWORK SYSTEM AND METHOD

COMMUNICATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

We enclose a Statement Under 37 CFR 3.73(b) indicating that Avi Kliger is authorized to act on behalf of the assignee of the instant application, namely, TMT Coaxial Networks Inc.

We also enclose a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, executed by Avi Kliger. The New Power of Attorney directs the Patent Office to direct future correspondence to:

> Martin P. Hoffman Hoffman, Wasson & Gitler, P.C. 2461 South Clark Street Suite 522 Arlington, Virginia 22202 (703) 415-0100 (Customer No. 20741)

> > Respectfully submitted,

June 27, 2006

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Attorney's Docket: A-9264.COM/bh

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STATEMENT LINDER 37 CFR 3.73(b)

Applicant/Patent Owner: Avi Kliger et al	
Application No./Patent No./Control No.: 09/943,424	Filed/Issue Date: August 30, 2001
Entitled: HOME NETWORK SYSTEM AND METHO	
TMT COAXIAL NETWORKS, INC. , 2	Corporation (Type of Assignee, e.g., separation, parmership, university, government agency, etc.)
(Numo of Ausignas)	(Тура af Assignee, а.g., амраганал, рылгызынд, ыпоньну, нечентинче - вечер, чен
states that it is:	
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2. an assignee of loss than the entire right, title and in The extent (by percentage) of its ownership interest.	nlerest st is %
in the patent application/patent identified above by virtue of	
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OR	
B. A chain of title from the inventor(s), of the patent applica	tion/pstent identified above, to the current assignee as follows:
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The undersigned (whose title is supplied below) is authorized to act	t on behalf of the assignee. $6/4/06$
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Application Number August 30, 2003 Finng Date REVOCATION OF POWER OF Avi Kilger First Named Inventor ATTORNEY WITH 2681 NEW POWER OF ATTORNEY Art Unit Examiner Name AND Attachey Packet Number A-9264

CHANGE OF CORRESPONDENCE ADDRESS I hereby ravoke all previous powers of attornoy given in the above-Identified application: A Power of Attorney is submitted herewith. OR I heraby appoint the practitioners associated with the Customer Number. 20743 X Please change the correspondence address for the above-identified application to: The address accociated with 20741 \mathbf{x} Customer Number: OR Firm or Individual Name Address ZIP State City Country **Email** Talaphone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(byls enclosed. (Form PTO/SE/116) SIGNATURE of Applicant or Assignos of Record Signature Khse AUI. Name Talaphane NOTE: Signatures of all the inventors of eccionses of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithm is required, see below.

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